



# City of St. Augustine

## Application for Business License

*Office Use Only*  
 Application Fee \_\_\_\_\_  
 Date Issued \_\_\_\_\_

Account # \_\_\_\_\_

Bill # \_\_\_\_\_

**Application Type:**

_____ New Business	_____ Home Office Private	_____ Home Occupation	_____ Existing Business—Change of Business Owner
_____ Existing Business—Change of Name (previous name)	_____ Existing Business—Expired License		
_____ Existing Business—Change of Location (previous location)			

Business Name \_\_\_\_\_

Business Physical Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Business Email \_\_\_\_\_ Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

\_\_\_\_ Check Here if Business Mailing Address is Same as Physical Business Address (If different complete line below)

Business Mailing Address \_\_\_\_\_

Business Owner _____	Property Owner _____
----------------------	----------------------

Type of Business \_\_\_\_\_

Square Footage \_\_\_\_\_ Number of Employees Per Shift \_\_\_\_\_ Number of Seats \_\_\_\_\_  
 Number of Units \_\_\_\_\_ Other \_\_\_\_\_

**Agreement (signature required):**

In filing this application, I understand that it becomes a part of the Public Record of the City of St. Augustine, and hereby certify that all the information contained herein is accurate to the best of my knowledge. I further understand that a USE PERMIT and CERTIFICATE OF OCCUPANCY are required prior to occupying any building, structure or premises for business purposes. **I FURTHER UNDERSTAND THAT ALL REQUIRED BUILDING IMPROVEMENTS MUST BE PERMITTED, COMPLETED AND FINAL INSPECTIONS MADE PRIOR TO THE ISSUANCE OF THIS APPLICATION. SIGN PERMITS MAY BE OBTAINED FOLLOWING THE ISSUANCE OF THIS USE PERMIT.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

STAFF USE ONLY

**USE PERMIT:** Future Land Use \_\_\_\_\_ Zoning \_\_\_\_\_ Property Code \_\_\_\_\_  
 Change of Use \_\_Y\_\_ \_\_N\_\_ Previous Use/Name \_\_\_\_\_  
 Parking Required \_\_\_\_\_ Provided \_\_\_\_\_ Utility Review Required \_\_Y\_\_ \_\_N\_\_ Landscaping \_\_\_\_\_  
 LAND USE/ZONING DETERMINATION: \_\_APPROVED\_\_ \_\_DENIED\_\_ INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 Utilities Date

\_\_\_\_\_  
 Fire Safety for Inspection Date

\_\_\_\_\_  
 Building Inspection Date